MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page o STATE b. COUNTY Garrett MARYLAND. Maryland Garrett b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b I and 2 with the State Departmen Oakland Oakland vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A EARM? to the Chief Medical Examiner's Office olong with farm 217 E. Green St. 217 E. Green St. in Item 18. Give Poges NO X 24 hours after deoth. NAME OF Middle First Last 4. DATE Manth Year DECEASED William Brent Brown DEATH March AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthday) Manths Dovs Hours White May 2, 1895 WIDOWED DIVORCED deot 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in any event within 72 hours after Crude Weston, W. Va. IISA 14 MOTHER'S MAIDEN NAME be executed within pencil 13. FATHER'S NAME (unk. Brown Florence Brown = 15. WAS DECEASED EVER IN U.S. ARMED EORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dotes of service) 36-12-9308-A Mrs. Pearl Brown no above INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c), PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary thrombosis Sudden IMMEDIATE CAUSE (o). writing the word This certificate should **BUF TO** Canditians, if any, which gove Arteriosclerosis, generalized Years rise to immediate cause (a). DUE TO stating the underlying couse 3 should be used removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? ease execute the certificate, NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I cremotion, or CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. Not While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [7], Inquiry [7], ond in my opinion Suicide . Undetermined monner Notural couses X. Accident deoth resulted from: the funerol director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior 3-19-67 DEPUTY MEDICAL EXAMINER NAME (Type) James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oakland. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 Burial (Specify) 3-22-67 Butcher Cemetery Weston 2Sb. REGISTRAR'S SIGNATURE 25a, REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) Ocharles Oakland, Maryland MAR 22 6M 1/67

reaco 1928 N . MAUL TROUBLE - TURNS 17 1001 Many Company of the C \_ Capagagy Capagagy Sections of the confusion of - French Continue (1984) that will be resident with a different place.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and wormplately filled in by the Tunel director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours aften TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

	03621	ION OF STATISTIC	CAL RESE			, 301 W. PRESTO E OF DEATH		BALTIMOR	E 1, MAR	YLAND 3622
	b. CITY OR 1 write RUI	RETT TOWN (if outside corpora RAL and give nearest tow		c. LENGTH OF STAY I	N 1b	2. USUAL RESIDENCE B. STATE MARYLAN C. CITY OR TOWN (IF	D outside corpora	b. COUNT	y TJEGAN	give nearest town
0		HOSPITAL OR INSTITUTION		hospital, give street add	iress)	d. STREET ADDRESS				ON A FARM?
	3. NAME OF DECEASED (Type or prin	Fi	rst ELIA	Middle TDELIA		Last BROWNING	4. DATE DF DEATH	Month MARCH		ay Year 1967
	5. SEX FEMALE	6. COLOR OR RACE WHITE	WIDOWED	DIVORCED		OCTOBER 24.1	la			AR HE UNDER 24 HRS
	10a. USUAL OCCU during most of w HOUSE 13. FATHER'S N		done   10b. i	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	ounty & State, or f		12. CITIZE COUNT USA	N OF WHAT RY?
	15. WAS DECEAS	PTON BROTEMAR ED EVER IN U.S. ARMED FO n) (If yes give war or dates o	RCES?   16	. SOCIAL SECURITY NO.		MARGARE INFORMANT IEL STONESTR	T SIMONS	Address 2 FLIKI	ST ONE	MD
	Conditions,	OF DEATH (Enter only on DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE If any, which to immediate stating the DUE ause last.	(a) Met TO (b) Carc	line for (a), (b), and (c).  astatic card  inoma of fac	ino	pma			3	TERVAL BETWEEN NSET AND DEATH MOS.
2	Arte	ERSIGNIFICANTCONDITION  TIOSCLETOSIS  NT WAS UNDERLYING  CAUSE OF DEA  NOTIFY MEDICAL EXAM!	ONS CONTRIB	UTING TO DEATH BUT NO						9. WAS AUTOPSY PERFORMED? YES NO X
		OF INJURY Month, Day,		Not While		CE OF INJURY (Home, fa ry, street, office bldg., et		or town)	(County)	(State)
	21. Vce saw/the 22a. SigNA	rtify that (I) (this hosp deceased alive on3	ital) attend	ded the deceased fro		death occurred at 1	WED,	he causes ar		SIGNED
1	NAME	(Type) James H.		er, Jr., M.		104 S. 2n				(6+c+2)
)	BURTAT.  24. FUNERAL D	(Specify) 3/1%	/67	HILICREST ADDRESS		RTAL PARK	ALLE	R   25b. REG	MARYT.A	ND GNATURE
	LEAH F.	HAFER 280 B	ALTO.A	VE. CUMBERL	ND,	MD. DAMAR	1 5 196	1 fai	arles	noge

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 1 20M 1/65

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400	FOR STATE		13629	#3 Film #G3	RECORDS, 301 W. PRESTO EDICAL EXAMINER'S	CERTIFICATE OF	DEATH	03623
	HEALTH DEPT.		PLACE OF DEATH	4	······································		ere deceased lived, it institution	
	of de to		a COUNTY Garret	t	MARYLANO	O. STATE	iller b. COUNTY	Garrett
			b. CITY OR TOWN (If outside	carparate limits.	C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outsi	de corparate limits, write RURA	L and give negrest town)
	PM3. Po		write RURAL and give ne	arest town)				11.1
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	form form					G. SINCE! ADDRESS		ON A FARM?
	ath. If any delay oges 1, 2, and 3 mr form PM3. Po	(I	OA) Garrett	Co. Mem. Ho:	spital			YES NO X
	be executed within 24 hours after death "pending" in pencil in Item 18. Give Page iief Medical Exominer's Office along with ansit permit. File pages 1 and 2 with the Stoent within 72 hours ofter death.		NAME OF DECEASED	First	Middle		4. DATE Month	Day Year
	hin 24 hours after de ncil in Item 18. Give P niner's Office olong in pages 1 ond 2 with the ors ofter death.		(Type or print) ATT	ithur/ Arth		ess	DEATH March	30th. 1967
	d within 24 hours after in pencil in Item 18. Greeniner's Office olong Exominer's Office olong File pages 1 and 2 with 72 hours ofter death.	5.	SEX 6. COT	OR OR RACE 7. MARR		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours Min.
	ed within 24 hours of in pencil in Item 18. Il Exominer's Office old I. File pages 1 and 2 wi 72 hours ofter death.		Male Whi	UG	/ED DIVORCED	August 5.	loss birthdoy)	
	ond ond de	10a	USUAL OCCUPATION (Give ki	nd of work done 101	b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
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	ill i	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	our our		harles B.	Burgess		Sara Ann	Mathews	
	ed w	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
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	"pending" in lef Medicol E nsit permit. I			ter anly one couse per line		arcerrine r	urgess KIO	INTERVAL BETWEEN
	he word "pen to the Chief N burial-transit I n any event w		PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	rior (v), (a), ona (c).)			ONSET AND DEATH
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	oule von		Conditions, if any, which g	DUE TO				
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	This certificate should be executed within 24 hours after icate, writing the word "pending" in pencil in Item 18. Go be forwarded to the Chief Medical Exominer's Office along be used as a burial-transit permit. File pages lond 2 with removal, and in any event within 72 hours ofter death.		iast.	) (c)			1-10-	1
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	MINER: The certificate should but files.  e 3 should notion, or re	8	PRIMARY or CONTRIBUTI CAUSE OF DEATH.		Wine agaident at	Buffela Cos	l Co	
	short file 3 st tior	MEDICAL	20c TIME OF INJURY Mor	nth, Day, Year	Mine accident at	CE OF INJURY (Hame, larm,	20t. (City or tawn)	(County) (State)
	EXAM ute th age 4 your Poge cremo	ME	8:15 -30	-57 19 of	work Not While Coal	Thine	Ruraldormania	Garr Maryland
	MEDICAL EXAMINER: pleose execute the cert director. Page 4 should retoined for your files. DIRECTOR: Page 3 should r to burial, cremotion, or		21. I certify that		remains described above, he	eld an Autapsy 🛣		ry 🛣 and in my apiniar
	se exector. Per for Per for ECTOR: buridl,		death resulted from		Accident R. Sui			
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	Me olire dire on DIR		ACTUAL	11 /2	nter for her	ASSISTANT MEDIC		22. DATE SIGNED
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	Purson y by b		EXAMINER'S NAME (Type) Tomo	W. Fonete	m .In. M D.		city, town, or council kilan	
	TO DEPUTY MEDICAL EX necessory, please execut the funeral director. Pag 5 may be retained for y TO FUNERAL DIRECTOR: P Health prior to burial, cr	230	U DAMES.	23b. OATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
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	0	21	FUNERAL DIRECTOR	2 2 11	ADDRESS	ZSo. REC'D I	BY REGISTRAR 256 REGI	ISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY D. STATE b. COUNTY Garrett Garrett Maryland MARYLAND CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) t. LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 hours of 10 hrs. 45 min. D. Kitzmiller Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? and completely filled in remove corbon papers. Garrett Co. Memorial Hospital Star Rt. Box 38 NO -3. NAME OF First Middle 4. DATE Month Doy DECEASED ST DEATH James (None) Clark. (Type or print) March IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years remove in lost birthdoy) Hours Male White Feb. 21, 1902 WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Garrett, Pa. Disable steel worker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Ryan Clark May Dawson 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, arunknown) (If yes give war ar dates of service) 215-05-2094Bessie M. Clark. Wife Kitzmiller, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While ot work at work 1967, to Mar. 13, 1967, that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased from 520 saw the deceased alive an 1/2 1967, and that death accurred a6:45 MM ram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS 22d. ADDRESS Dr. Herbert H. Leighton Dakland, Marvland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County). Elk Garden, Minera. 23o. BURIAL, CREMATION, 23b. DATE THEREOF .O.O.F. Cemetery BREMOVAL (Specify) Mar. 15/67 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR VR A15 (4) 1967 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE			3631	MED	ICAL EXAMINER'S	CERTIFICATE (	OF DEATH	0	3625
HEALTH DEPT			LACE OF DEATH				(Where deceased lived,		e before admission)
2 6 0 E		(	Garrett		MARYLAND	o. STATE	land	b, COUNTY	rett
Pa Pa		-	. CITY OR TOWN (If autside corparate limit	S,	c LENGTH OF STAY IN 16		outside corparate limits,		
ond ond M3.			write RURAL and give nearest town)	•		Oakl		3	17.7
Py Py			L NAME OF HOSPITAL OR INSTITUTION (IF no	a for forwards 1	minutes	d. STREET ADDRESS			e. IS RESIDENCE
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ooth. If any delay ogges 1, 2, and 3 ith farm PM3. Pa	00						Route		YES NO X
thours after death. I them 18. Give Pages Office along with far lond 2 with the State			NAME OF Fi	rst	Middle	Lost	4. DATE OF	Month	Doy Year
Give P		-	Type or print) Charles		Robert	King	DEATH M	arch	22. 19 67
after Giv		S. S	EX 6, COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	rears IF UNDER 1	YEAR IF UNDER 24 HRS Days Hours Min.
18. 18.			Male White	WIDOWED	DIVORCED J	une 26. 1	.936 30	yrs.	Duys nours min.
in Item 18 er's Office of ser I ond 2		10o.	USUAL OCCUPATION (Give kind of work done	10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (Stote	e or foreign country)	12. CITI	IZEN OF WHAT
		duri	no most of working life, even if refired) Contractor	B	uilding	McHenry	, Maryla	nd II	UNTRY?
hin 24 noil in niner's pages			FATHER'S NAME		421410	14. MOTHER'S MAIDEN	NAME	ind   O	D11
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d with per Exom		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO. 17. I	NFORMANT	DOWINALI	Address	
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id be executed rd 'pending' in Chief Medical E tronsit permit. Fevent within 72		у			4-36-7102 Mr	9. Norma	king se	e #2 abo	
f M			18. CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY:						ONSET AND DEATH
hie ons	/		0123 IMMEDIATE CAUSE	(o) Cru	shed chest				ONSET AND DEATH Minutes
should be executed within 2 he word "pending" in pendil in a the Chief Medical Exominer buriol-transit permit. File pages and within 72 hours of any event within 72 hours of			DUE	TO					
			Canditions, if any, which gove rise to immediate cause (a),	(b)					
the the date of the book of th		- 1	stating the underlying couse DUE	TO					
ficot ing rded os q			last.	(c)					
This certificate should cate, writing the word be forwarded to the Cl be used as a buriol-tre removal and in any events.	0	Z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	INDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPSY PERFORMED?
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certific certific hould to lles.			PRIMARY — or CONTRIBUTING  CAUSE OF TEATH.	Fare	m tractor tu	rned over	on pati	ent:	
EXAMINER: cute the cert oge 4 shoul r your files.		MEDICAL	20c. TIME OF INJURY Month, Doy, Year	20d. It	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m. 20f. (City or		nty) (State)
th th th de	1/	8	Hour Danc	While	Not While Roa	ory, street, office bldg., etc	(Rural)	Oakland	Garr. Md.
at EXAM execute the r. Poge 4 for your OR: Poge	1/-		21. I certify that I took charge						and in my apinian
se exector. Por form of for ECTOR:					1 1				
			death resulted fram: Natura	al causes	, Accident X, Suici	ide, Hamicida		nined manner	
MEDI please direct direct DIRE			ACTUAL /	-/1-	- A 1	CHIEF MEDICA			22. DATE SIGNED
0			SIGNATURE COMMENT	- de l	ar of		DICAL EXAMINER [		3-22-67
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o DEPUTY necessory, p the funeral s may be re p FUNERAL Health prior	O.	20			r, Jr., M. D				
the the	0	230	BURIAL, CREMATION, 23b. DATE THI BURYLISECTY) 3/25/				23d. LOCATION (		(County) (State)
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VR A15ME (5)	140	O 1	FUNERAL DIRECTOR	. 0	ADDRESS		R 2 8 1967	25b PEGISTRAR'S SI	o Judge
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	Division of STATISTICAL RESEARCH AND RECORDS, 30	01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	03632 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 03626
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th If it form total Del	207 I St.	d STREET ADDRESS  e IS RESIDEN ON A FARM YES \( \) NO
B & T S S	NAME OF First Middle DECEASED Delicate Table	Lost 4 DATE Month Doy Year
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is ofter d 18. Give e along. v 2 with th	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 2	11/19/1948   Add (in years   In Suber 1 tak   In Suber 24   In Suber 24
hours frem 11 Office Tand 2	USUAL OCCUPATION (Give kind of work done ag most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT CQUNTRY?
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within pencil xamine	Robert E. Kittle, Sr.	Patrica Hennen
d will me Exar Exar File ond		INFORMANT Address
d be executed within 2 d "pending" in pencil ii Chief Medicol Examiner' fronsit Bermit. File page:	s no or unknown) lift yes give wor or dates of service)	Mrs. Patrica Kittle see #2 above
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should be e te word "per to the Chief A buriol-tronsit motion, or re	976 X DUE TO Conditions, if ony, which gove ) Self-inflicted	d gunshot wound of head
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s certificate should be writing the word forwarded to the Cl used as a bunol-tre "Eurial, cremotion,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS PERFORMED?
This coicate, y be for all be us ar to		YES NO
W O	200. EXTERNAL CAUSE WAS PRIMARY ☑ OF CONTRIBUTING ☐	(Enter noture of injury in Port I or Port II of item 18.)
INER: Te certifice should be files. 3 should ont, prior	CALSE OF DEATH Shot self in h	head with .22 cal. rifle
AL EXAMINER: execute the certi r. Page 4 should for your files. OR:Page 3 shoul	Hour am	ACE OF NURY (Home, form, ctan, street, office bldg, etc.)  ACE OF NURY (Home, form, ctan, street, office bldg, etc.)  ACE OF NURY (Home, form, ctan, street, office bldg, etc.)  ACE OF NURY (Home, form, ctan, street, office bldg, etc.)  ACE OF NURY (Home, form, ctan, street, office bldg, etc.)  ACE OF NURY (Home, form, ctan, street, office bldg, etc.)  ACE OF NURY (Home, form, ctan, street, office bldg, etc.)
ory, please execute the nerol director. Page 4 be retained for your LEAL EIRECTOR: Page or its designated age		
Mecral Exploses executed please executed in director. Page retained for your plants of the control of the contr	21. I certify that I took charge of the remains described above, he death resulted from. Natural couses Accident Suit	ield an Autopsy 🔲, Inspectian 📆, Inquiry 🛣, and in my api icide 📆, Hamicide 🗍, Undetermined manner 🗍
Se of	dediti resolved from. Natural couses [1, Accident [7], Suit	CHIEF MEDICAL EXAMINER
JTV MECT.  rry, please e erol director be retained  AL MRECT.  or its design	SIGNATURE A Comm N. Jesten A. L.	ASSISTANT MEDICAL EXAMINER 22. DATE SIG
DTY or is	EVA MANIEDIA	DEPUTY MEDICAL EXAMINER 3-13-6
o DEPUTY necessory, if the funeral s may be r leftental Health or it	NAME (Tyde) James H. Feaster, Jr., M. I	
TO DEPUTY ME necessory, pleo the funerol dire 5 may be retain THE FUREMAL HIS	BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR BUT 18(1) 3/15/67 Oakland Ce	emetery Oakland, Maryland
VR ATSME	FUNERAL DIRECTOR  ADDRESS  ADDRESS  ORIZIAND  ADDRESS	Marsy James AR 17 1967 Share Signal Regge

MARYLAND STATE DEPARTMENT OF HEALTH



	02633	CERTIFICATE	OF DEATH	03697
ĺ	PLACE OF DEATH COUNTY Garrett	MARYLAND		ived, if institution Residence before odmission) b COUNTY Garrett
_	b. (ITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)  Mc Henry		CITY OR TOWN (If outside corporate in McHenry	mits, write RURAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, give street oddress)	d STREET ADDRESS	e is residence on a farm? Yes \(\bigcirc\) no
3	NAME OF DECEASED (Type or print) SARAH	CATHERINE	DEMIN	March 6, Doy Yeor
Ĭ	Female White	WIDOWED A DIVORCED	Sept. 9, 1883	GE (In years   IF UNDER 1 YEAR   IF UNDER 24 H Months   Doys   Hours   M
	0o. USUAL OCCUPATION (Give kind of work done upga most of work of the even if retired)	Own home	Garrett Co., Mc	(C)INTOVA
1	James W. Skiles		14. MOTHER'S MAIDEN NAME Sara Ann Sute:	
1 (	S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Linknown) (If yes give wor or dotes of	16 SOCIAL SECURITY NO 17. IS SERVICE 215-18-8497A LG	onnie Long, Star	Address (Son) Rt., Oakland, Md.
	18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	s per line for (a) (b), and (c).)	oeclusum	NITERYAL DETWEEN ONSE AND DEATH
	Conditions, if any, which gove tise to immediate couse (a),	(literasde	erous -	Jeans
	stoting the underlying couse last	c)		4
MOSTA	PART II OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO 1		AEZ NO
MEDICAL CEPTISICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED	Enter noture of injury in Port I or Port II	of item 18.)
MEDICA	2Dr. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	ity or town) (County) (State
	saw the deceased alive an L	rtal) attended the deceased fram	t death accurred at :45 MP 6	Occ., 1966that (i) (we) conficuses and an the date stated ab
		auce MI		STAFF 22b. DATE STORED 7 luar 67
	22c, PHYSICIAN'S NAME (Type) A E	Mance, M.D.	Oakland, Mai	
2	30. BURIAL (REMATION, BRING AND BEEN 3/9/67	23c NAME OF CEMETERY OR Skiles Fami		ION (City or Town) (County) (State) ar Accident, Md.
	24. FUNERAL DIRECTOR JOHN U. I	Durst HOME OAKLAN	wat 25MARP of 86151891	256 REGISTRAR'S SIGNATURE



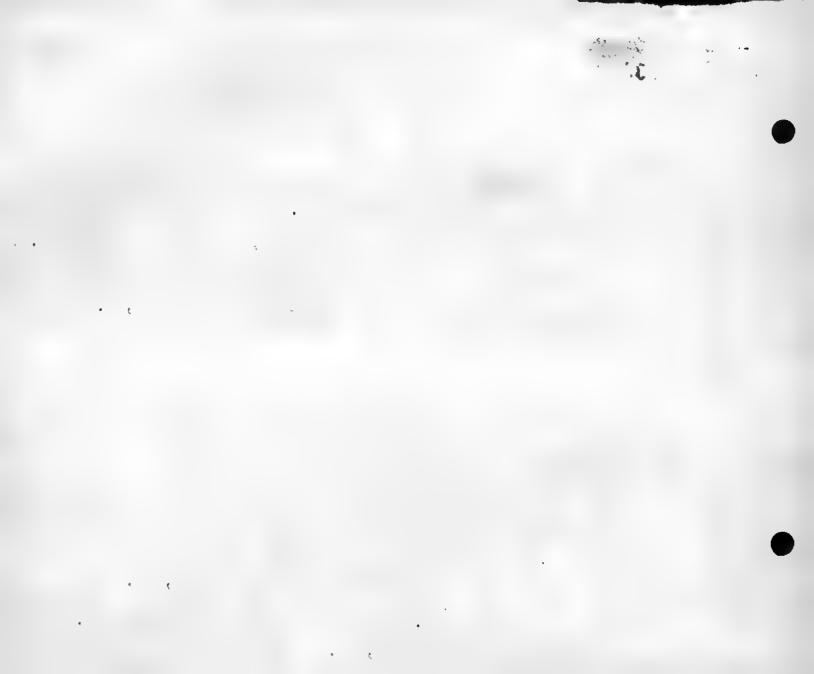
p.

**\**n

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Maryland Garrett Garrett MARYLAND physician and campletely filled in by the f en please remaye carban papers. Pages b. CITY OR FOWN (If autside carparate i mits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside carparate limits, write RURAL and give negrest town) write RURAL and give\_nearest tawn) 22 days-19 Hrs. Deer Park. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS ON A FARM? YES NO X Garrett County Memorial Hospital 3 NAME OF First Middle Last 4. DATE Manth Year Ody DECEASED 19 67 March (Type at print) Carrie DEATH Map Madinan IF UNDER 1 YEAR IF UNOER 24 HRS S SFX 8 OATE OF BIRTH 9 AGE (in years 6. COLOR OR RACE 7 MARRIEO NEVER MARRIEO last birthaay) Oays Haurs Male OIVORCED June 30. 1897 White WIDOWED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 105 KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, eyen if retired)
HOUSEWITE Own Home Deer Park. (G. Co. (Md U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fannie McRobie William Hinebaugh 17. INFORMANT (Husband) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address 44 -80x (Yes, no, ar unknown) (If yes give war or dates af service) Charles H. Madigan no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)), signed by the burial-transit p PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to ammediate cause (a). DUF TO stating the underlying couse as the priar to l TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS'
PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. af Health YES [ NO for 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e. PLACE OF INJURY (Hame, form, (County) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Haur o.m. Nat While at wark at wark L 19 67, that (I) (we) last , ta be retained 11: Wafron Muses and an the date stated above. saw the deceased alive on. DAPE SUGNED 22n SIGNATURE STAFF PHYS. directar, page 3 shauld be filed v M.O. **OIRECTOR** ADDRESS Dakland, Maryland 22d. 22c. PHYSICIAN S NAME (Type) Dr. Mance 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Deer Park Maryland Deer Park Cemetery 256 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 Oakland, MarylandoMAR



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03636 requires that the death certificate be executed within 24-bours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) deo I. PLACE OF DEATH D. STATE b. COUNTY a. COUNTY Allegany Maryland Garrett MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits, papers. Pag write RURAL and give nearest town) 2 Yrs. Westernport Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X Cuppett-Weeks Nursing Home YES with the attending physician and campletely to sit permit. Then please remave carban 3 NAME OF Middle Last 4. DATE Month Doy Year DECEASED Jess (Type or print Albert Michaels DEATH March S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** dost birthday) Months Doys Haurs White July 10. Male WIDOWED DIVORCED and in any 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Burlington, W. Va Miner Coal 13. FATHER'S NAME Mary K. Spurling Henry Michaels 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dotes of service) -215-10-8008 Paul E. Michaels -Westernport, Md. cremation. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO APUDIAL VAS EVLAR Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been use as the 19. WAS AJTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) far use Health NO To 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) While Not While at work at wark , 1965 , to MARCH 6 , 1967, that (I) (we) lost 21. I certify that (1) (this hospital) oftended the deceased from JUNE 3 ploous saw the deceased alive an IDARCH 5 1967 and that deoth occurred at M, fram causes and on the date stated above. 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. PHYS director, page 3 should be filed 22d. ADDRESS PHYSICIAN S 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o BURIAL CREMATION REMOVAL (Specify) Westernport Md. Buria 24. FUNERAL DIRECTOR **ADDRESS** Ellsworth 20 M 1/66 Westernport.



CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Garrett a. COUNTY Garrett Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mt. Lake Park Oakland mos. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? E St. Cuppett-Weeks Nursing Home YES NO K completely 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Cora. Ellen Miller DEATH 3. March 1967 and cor 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) | Months Hours l'emale WIDOWED T DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or lore gn country) done during most of working life, even if retired) Own Home Housewife Maysville, W. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schell Susan Sears 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16 SOCIAL SECURITY NO | 17. INFORMANT Address (Yas, no, or unkown) : (If yes give wer or dates of service) no Mrs. X Edith Bell Oakland. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH VASCOLAR HECIDENT **DUE TO** MARIANCED CEREBRAL ARTERIN SCLEPLOSIS Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) UF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20l. (City or town) (County) (State) lectory, street, office bldg., etc.) While Not While Hour e.m. et work el work 21. I certify that (I) (this hospital) attended the deceased from JULY .... 0 1966, to .... 1967., that (I) (100) last M, from the causes and on the date stated above. .196 .... and that death occurred at saw the deceased alive on: SIGNATUR ATTENDING DIRECTOR PHYS. MD. PUNERAL 22d, ADDRESS ector, 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL\_(Specify) Cemetery Garrett Co. Wonderly Marvland 24"FUNERAL DIRECTOR'S SIGNATI VR A15 (4) 1SM 7 62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03632 CERTIFICATE OF DEATH 03638 requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) rsician and campletely filled in by the funeral please remove carban papers. Pages 1 and PLACE OF DEATH o. COUNTY n. STATE b. COUNTY Garrett MARYLAND ve carban papers. Pages 1 event, within 72 haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give neatest fown)

Crantsville C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) 23 Months Star Tannery. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES IX NO Goodwill Mennonite Nursing Home 3 NAME OF Middle 4. DATE OF Dov Yeor DECEASED Northen 67 Gohene Orndorff DEATH 19 (Type or print) March F UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED 7 MARRIED lost birthdoy) Months Doys Hours Dec 1, 1876 DIVORCED Male White WIDOWED 90 yrs. 12, GT ZEN OF WHAT 10o. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired) COUNTRY? INDUSTRY Star Tannery Virginia Retired Farmer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ceatta Brill Addison Turner 17 INFORMANT Address RFD #5 Winches 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Cumberland, Md Mrs. Willis Robertson No crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or arrenaing TO FUNERAL DIRECTOR: After this certificate has been as the 4 FARS ERIOSCHEROSIS WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use DETERMINES URE NO [V ĮQ. 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS LINDERLYING OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this hospital) attended the deceased from and 29 , 1965, to march 4, 1967, that (1) (we) last should saw the deceased alive on MARCh 2 1967, and that death occurred of M, fram couses and on the date stated abave. 220 SIGNATURE **DATE SIGNED** ATTENDING STAFF PHYS DIRECTOR directar, page 3 should be filed v M.D. PHYS 22d ADDRESS 22c PHYSICIAN S AIN ST-FRUSTBURG MO NAME (Type) Paige Strong M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 3/7/67 Union Cemetery Star Tannery (Fred) Virginia 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR Minter Juda VR A15 (4) 20 M 1/66 H. Lee Silcox Cumberland Matvland 21502 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

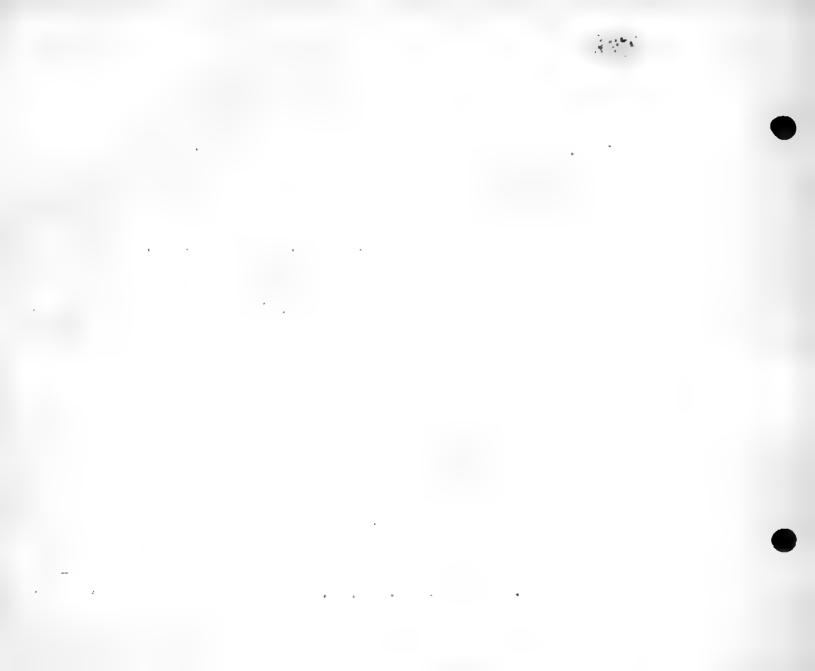


**DIVISION OF STATISTICAL RESEARCH AND RECO** DS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03639 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY Garrett Marvland MARYLAND Garrett b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c LENGTH OF STAY IN 16 write RURAL and give neerest fown) Oakland Oakland vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Rt. Rt. Box 405 YES NO 🔀 3. NAME OF Middle 4 DATE Month Year DECEASED OF (Typa or print) Janet Virginia Pennington DEATH 19 67 March 6. COLOR OR RACE | 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS. last birthday) and Months Days Female WIDOWED DIVORCED Nov. 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) Own Home Md. Housewife Cumberland. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clyde Sines Mary Kimmell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) | (If yes give we rordetes of service) Pennington no James see above 18. CAUSE OF DEATH |Enter only one ceuse per line INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Hemispher Conditions, if any, which peve rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY CATION PERFORMED? NO [ CERTIFIC 2Da ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dev. Yeer [County] fectory, street, office bldg., etc.) While Not While MEDI Hour n.m. et work at work 21. I certify that (i) (this hospital) attended the deceased from. [7,56] .19.6.7, and that death occurred 30 ...2.M, from the causes and on the date stated above saw the deceased alive on... DATE 220. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS PHYS. M.D FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LEIGHTON. at Fif th Oakland. Marvland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION. REMOVAL (Specify) Oakland Oakland Marvland 0 Cemeterv ADDRESS **JUNERAL DIRECTOR'S SIGNATURE** VR A15 Oakland. Marvland



6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 20 M 1/66 230 BURIAL, CREMATION ESEMONA (SubritA)

24. FUNERAL DIRECTOR

Mineral e IS RESIDENCE ON A FARM? YES NO K Dov Year 196 Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN CONSET AND DEATH WAS AUTOPSY PERFORMED? NO I (County) (Stote) , that (I) (we) last M. from causes and an the date stated above 22b. DATE SIGNED

03635

Funeral

23c. NAME OF CEMETERY OR CREMATORY Queen's Point Cem.

Oakland Md m

Home,

Keyser, W. Va. 250 RECD BY REGISTRAR

23d. LOCATION (City or Town)

25b REGISTRAR'S SIGNATURE

(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 03642 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Reside o COUNTY b. COUNTY P.M.3. Poge the State Department of Garrett MARYLAND Garrett delov and 3 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Oakland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Mt. Lake Park 2 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the Chief Medical Exominer's Office along with farm Emergency Room Garrett Co. Mem. Hospital in Item 18. Give Poges YES NO X This certificate should be executed within 24 hours ofter death. NAME OF 4 DATE Month Dov Year DECEASED Florence Svlvia Unole March 22nd. 1967 (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours deoth. White Female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? offer Jennings Maryland
14. MOTHER'S MAIDEN NAME Own Home pencil 13. FATHER'S NAME hours Jessie Butler Rebecca Glotfeltv IS. WAS DECEASED EVER IN U.S. ARMED FORCES? any event within 72 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 220-34-1634 Elmer Upole see #2 above 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Coronary thrombosis, acute Ti nutes writing the word Conditions, if ony, which gove (b) Coronary arteriosclerosis forworded to rise to immediate couse (o), DUE TO stoting the underlying couse gs 19. WAS AUTOPSY PERFORMED? cremotion, ar removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) please execute the certificate, NO I 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X. ond in my opinion deoth resulted from: Natural couses X Accident Suicide . Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER Heolth priar to 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER 3-22-67 DEPUTY MEDICAL EXAMINER TO NAME (Aype) James H. Feaster, Jr., M. D. Address (Street, city, town, or county Dakland, Garrett, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) 50 Pleasant Valley Garrett Co. Cem. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ATSME (5 Melanes Oakland, Maryland MAR 28 6M 1/67

1 45 Fig. 13 The second of th Frailing and the common of the contract of the Additionally appointment of the extension of the extensio ANYONE MARK STAND WARTER BY THEFT IS A STATE OF THE PARTY OF THE PAR DESCRIPTION OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Garrett Maryland Garrett MARYLAND delox b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Oakland Oakland Minutes d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 'I director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ON A FARM? DOA) Garrett Co. Mem. Hosp. N. 11th Street. YES NO X he Stat 3. NAME OF Eirst 4. DATE Month DECEASED Charles Alfred (Type or print) Warren DEATH March 16th IF UNDER I YEAR 19 67 9. AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) White Months Male June 7. 1908 in any event within 72 hours ofter deoth WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MI ne r 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRYS Soft coal Bayard, W. Va. be executed within 24 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mellie Mae Butts Harry A. Warren. Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Widow) (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Charles A. Warren. Oakland. Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushed chest IMMEDIATE CAUSE (a) \_\_\_\_ This certificate should DUF TO Conditions, if any, which gave Rock fall in coal mine accident rise to immediate cause (a), DUF TO stoting the underlying cause 19. WAS AUTOPS cremotion, or removol, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) FUNERAL DIRECTOR: Page 3 should PRIMARY or CONTRIBUTING Rock fall in Coal Mine. Alpine Coal Co., Bayard, W. Va. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) (County) CAUSE OF DEATH. MEDICAL (State) 20c. TIME OF INJURY Month, Doy, Year White at wark IX at wark foctory, street, office bldg., etc.)
Coal Mine Bayard Grant W. Va. 3:20 3018 3-16-67 19 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X, and in my apinian death resylted fram: Natural causes , Accident 22, Suicide , Homicide , Undetermined manner may be retained CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Heolth prior DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Oakland Garrett Md. NAME (Type) James H. Feaster, Jr., M. D. 23d. LOCATION (City or Town) 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) 50 Oakland, Garrett, Oakland Cemetery Sund 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John O. Durst VR A15ME (5) Vollarles Judge Leighton-Dyrst Funeral Home, Oakland, Md. MAR 20

